

CUSTOMER COMPLAINT REPORT <i>CCN 80</i>		SRN: DATE: <i>10-3-99</i>
CUSTOMER: <i>EVO7RC</i> FILE NO. ADDRESS:		CUSTOMER ORDER NO:
		INVOICE NUMBER:
PRODUCT: SERIAL NUMBER:		DATE DISPATCHED:
MANUFACTURER / SUPPLIER		
NATURE OF COMPLAINT: <i>Sharp bend on thermometer</i>		
RESULT OF INVESTIGATION: <i>To be incorporated in QA</i>		
SIGNED: <i>[Signature]</i>		DATE: <i>10-3-99</i>
CORRECTIVE ACTION:		
EXTERNAL:		
INTERNAL: <i>New Procedure written QA 3700.</i>		
SIGNED: <i>[Signature]</i>		DATE:
MEDICAL DIRECTIVE INFORMED YES / NO		Q.C. 12



EVOTEC

ELECTRONICS CC

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1751

Strubensvalley Medical Center
902 Zuka Street
Strubensvalley 1735

cc-sn

To: Steve Nixon

Fax: 01535 635582

From: Anton Geldenhuys

Date: 10 March, 1999

Re: Payment

Pages: 1

Dear Steve

We made a partial payment because we exceeded our credit limit. In future we will make full payments per invoice to make things easier. We do not mind paying the bank charges you incur. Angela must just add them to our invoice.

The rectal probe we received had a sharp burr on the thermistor side. We fixed it but it is something to check in quality control.

Can you give us a delivery date on the P865RA on our order 980166.

Can we purchase the colour/grey buttons on the finger clips seperately.

Thanks &
Regards



Anton Geldenhuys